

Exhibit 6

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Worker's Compensation Treatment Plan - April 15, 2002 - Revised Report

Re: Milton Kaopua (Ref. #96792, 575-50-0532)

Employer: Federal Fire Department

Date of Injury: 10-13-01

Medical Report -

On 12-4-01 I examined Mr. Milton Kaopua, a Captain in the Federal Fire Department, who gave the history that he had been assigned to the Lualualei Fire Station #11, and that on October 8 or 9, 2001, he came to work and was told that there was a problem with an ice maker which had been padlocked. This was not supposed to be done, and he consulted with Captain Robert Abad, his coworker. Apparently, there was an issue over the ownership of the ice maker, and Abad was complaining that the lock that he had placed upon it had been cut. Apparently, Police Officer Halberg of Naval Security had told Captain Abad that the ice maker belonged to the government and was for everyone to use. Abad, stated to the Police Officer, "I am going to shoot Kaopua because that's what it's coming to." He never asked Captain Kaopua whether he had anything to do with this.

The patient was informed of a threat made by Abad, and on October 17, 2001, he asked Chief Delaura to contact base security on this matter. However, he did not take any action, and the patient felt he must take legal action for his own protection. He reported this threat. The patient was almost sure that Captain Abad possessed a firearm, and thus took very seriously the threat against his life. Looking back, the patient has been aware of numerous irregularities and misbehaviors on the part of high-ranking officers in the department, including Captain Abad, and had always tried to avoid any irregularities and stick to "working by the book" himself.

Subsequent to the threat on his life, Captain Kaopua became agitated, preoccupied, beginning to have attacks of rage, panic attacks, racing heartbeat, blood pressure elevation, agitation and sleep disorder. He suffered many of the symptoms of post-traumatic stress disorder. He sought care from me, and has been working with me ever since.

Mr. Kaopua also disclosed illegal and improper activities by Mr. Abad and another superior. These included illegally raising and selling pigs, causing destruction of government property, and the mishandling of the ice maker so as to prevent authorized government workers from access, and of providing the ice to his personal, non-government worker friends. There were other minor irregularities and misbehaviors as

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well. He stated that he had tried to prevent these irregularities and reported them repeatedly, but apparently nothing was done.

My initial diagnosis was adjustment disorder with anxiety and depressed mood, but in addition the patient showed some symptoms of post-traumatic stress disorder as well. These symptoms include "flashbacks" of traumatic episodes in the history of his attempting to deal with the threat upon his life, sleep disorder, hypervigilance, and great anxiety, even panic, when forced to deal with anything to do with the threat or with this case. Every time he is asked to provide information or discuss the matter, he becomes extremely anxious. My final diagnosis remains that of adjustment disorder with mixed anxiety and depressed mood, but strong post traumatic stress symptoms as well. The patient was first seen by me on December 4, 2001. He has been seen weekly ever since.

There is no prior psychiatric history, no mental illness, no relevant past history except that the patient seems to have always been a respectful and law-abiding individual, active in the church, close to his present wife, and a person who believes in going "by the book."

My diagnoses at the time of this report are:

Axis I: Adjustment disorder with anxiety and depressed mood, acute and severe, with many symptoms of post-traumatic stress disorder.
Axis II: No diagnosis
Axis III: No diagnosis
Axis IV: Stressors - #4 severe - threat upon his life, financial difficulties, following his being restricted from working.
Axis V: GAF - 55, past year 75.

Treatment Proposed:

This patient suffers from many of the major symptoms of post-traumatic stress disorder, symptoms which are difficult to treat, especially if treatment is delayed. For the next six months from this date, the patient will require psychotherapy for one hour per week, a total of approximately 26 visits, at \$195 per visit. This will include psychotherapy, cognitive and behavioral, relaxation training, self-hypnosis training in reduction of tension and agitation, and also medication which may be required for dealing with episodes of anxiety and panic, depressed mood, and the other major symptoms.

Assessment of Measured Treatment Progress Goals:

Treatment progress in psychiatry may be measured in terms of rating scales by percentages. The baseline is the condition of the patient at the beginning of treatment, representing 100%. The target goal is the pre-injury status, representing 0%. At the present time, this patient scores at 90% for anxiety, agitation, 90% for depressed mood and anger, 90% for sleep disorder and "flashbacks," and 90% for loss of self-esteem. In the next six months these symptoms could be reduced by as much as 30%, resulting in a symptom level of 60%, if this treatment plan is promptly implemented.

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